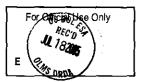
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U . 3359

3. Name and address of person filing.

Name MARK R Callis

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 04 Through: 12 / 31 / 04

Name International Union of Bricklayers

4. Name, file number, and address of labor organization.

	Labor Organization File Number 000 - 03 Y
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1776 Eye Street, NW	Street 1776 Eye Street, NW
City Washington	City Unshington
State DC ZIP Code + 4 20006	State bc ZIP Code + 4 2000 6
5. Position in labor organization. Manages, Men	lber Services
Enter appropriate data below If, during the past fiscal year, you or your spou (except as specified in the exclus	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or omenetary value from an employer whose employees your organization.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
Signa	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the
Form LM-30 (2003)	Page 1 of 2

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Doyle Personnel Services a. Labor Organization Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 500 c. Employer Street 1140 Connecticut Avenue, NW Washington 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Doyle Personner Services provides temporary and permanent staff to the Bricklayers International Trade Name, if any: Union hemographers. P.O. Box, Bldg., Room No., if any **4** 22,000 11.b. Approximate dollar value of such dealing. 12,a. Nature of interest held or income received. My wire is the owner/President of ZIP Code + 4 Doyle Personnel Services. The Commussion Received From such dealings pre below, 4.000 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 State 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Union Privilege Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 300 Street 1125 15th Street, NW City Washington State DC ZIP Code +4 20005	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Union Privilege provides Various programs and discount Services to the BAC members 11.b. Approximate dollar value of such dealing. \$ 39,200.00 12.a. Nature of interest held or income received. Linison Conference Hotel - 4/25/04-4/27/04 Business Lunch - 3/26/04 Business Lunch - 9/23/04 Linison Award - 4/13/04
	12.b. Amount. \$ 457.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Kessler Financial Services a. Labor Organization Trade Name, if any: P.O. Box, Bldg., Room No., if any c. Employer 855 Boylston Street ZIP Code +4 02146 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Kesslee Financial Services provides marketing Service For the Union Plus MusterCard the BAC Offers to BAC mambers. P.O. Box, Bldg., Room No., if any 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. Business Dinner - 12/10/04 State 1/6.00 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant

Name of Person Filing MARK CAllis	File Number U -3359	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Househole Creek Seevices Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1401 Eye Street, NW City Washington	9. Business deals with: a. Labor Organization b. Trust c. Employer	
State DC ZIP Code + 4 2000 \$		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	11.a. Nature of such dealing. Household Credit Services provideds to Union Plus Credit Chard the BAC Offers to the members. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Business Dinner - 4/27/04 Limitor Conference Dinner - 4/25/04 Business Dinner - 4/24/04	
	12.b. Amount. \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.	
City		
State 7/P Code + 4		

14.b. Amount of payment.

Form LM-30 (2003)

13.b. Is the Business an Employer

or Consultant